



**Miss Marie's Learning Center**  
Learning without thought is labor lost

# Enrollment Form

School Year \_\_\_\_\_

New Student \_\_\_\_\_ Returning Student \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Student Name \_\_\_\_\_

**Sessions:** 5 full days \_\_\_\_\_ 4 full days \_\_\_\_\_ 3 full days \_\_\_\_\_ Half days \_\_\_\_\_ Extended care \_\_\_\_\_

Hours my child will be in school: From \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.

Father's Name \_\_\_\_\_ Home Address \_\_\_\_\_

Profession \_\_\_\_\_ Employed by \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Address \_\_\_\_\_

Profession \_\_\_\_\_ Employed by \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Person responsible for billing: Father \_\_\_\_\_ Mother \_\_\_\_\_

**Emergency Names & Numbers (2 please)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_ Work or Cell number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_ Work or Cell number \_\_\_\_\_

**I authorize the above persons to act on my behalf if I cannot be reached in case of emergency.**

**Signature** \_\_\_\_\_

**In case of an emergency, I authorize the following persons to pick my child up from school.**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_ Work or Cell number \_\_\_\_\_

Child's Doctor - Name \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Dentist - Name \_\_\_\_\_ Phone: \_\_\_\_\_

**Please list all your child's allergies or special needs** \_\_\_\_\_